

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: <b>2019</b>		Entity Name: <b>PROVIDENCE ST. PETER HOSPITAL</b>						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 MEDRICE COLUCCIO	X		471,811	289,753	158,607	133,672	11,104	1,064,947
2 KEVIN CASERTA			342,970	69,273	37,644	110,122	26,227	586,237
3 ROMIL WADHAWAN			286,029	0	72,740	30,859	13,262	402,890
4 MICHELLE A JAMES			231,933	46,824	22,783	73,434	12,180	387,154
5 DOMINICK A CASELNOVA			202,737	29,949	24,439	34,746	15,810	307,682
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)